



# CITY OF LODI

## COUNCIL COMMUNICATION

**AGENDA TITLE:** Communications (December 29, 1994 through January 11, 1995)

**MEETING DATE:** January 18, 1995

**PREPARED BY:** City Clerk

---

**RECOMMENDED ACTION:** No action - information only.

**BACKGROUND INFORMATION:** Copies of applications for Alcoholic Beverage Control Licenses have been received from the State of California Department of Alcoholic Beverage Control for the following:

- a) Jose R. Tapia to Juan Garcia, El Nuevo Guadalajara, 121 North Sacramento Street, Lodi, On Sale Beer and Wine, Person to Person Transfer;
- b) Jose R. Tapia to Juan Garcia, Rainbow Club, 116 North Sacramento Street, Lodi, On Sale Beer and Wine, Person to Person Transfer; and
- c) Guiseppe Cusumano to Tammy S. Lagorio, Jo Jo, 2400 West Turner Road #102, Lodi, On Sale Beer and Wine, Person to Person Transfer.

121 North Sacramento and 116 North Sacramento are zoned C-M, Commercial-Light Industrial, and 2400 West Turner Road is zoned PD1, Planned Development 1, Commercial. These are appropriate zonings for these types of Alcoholic Beverage Control licenses.

Police Chief Hansen will be present at the meeting to state opposition to the ABC licenses at El Nuevo Guadalajara and the Rainbow Club.

**FUNDING:** None required.

  
Jennifer M. Perrin  
City Clerk

JMP  
Attachments

APPROVED: \_\_\_\_\_

THOMAS A. PETERSON  
City Manager



recycled paper



RECEIVED  
24 DEC 30 PM 4:39

## APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

**TO:**

Department of Alcoholic Beverage Control  
31 East Channel Street, Room 168  
P.O. Drawer 150  
Stockton, CA 95201  
(209) 948-7739

File Number.....**304376**  
Receipt Number.....**1015571**  
Geographical Code.....**3902**  
Copies Mailed Date **12-29-94**  
Issued Date

**DISTRICT SERVING LOCATION:****STOCKTON****Name of Business:****Location of Business:**

Number and Street  
City, State Zip Code  
County

**121 N SACRAMENTO ST  
LODI CA 95240  
SAN JOAQUIN**

**Is premise inside city limits?****Mailing Address:**

(If different from  
premise address)

**121 N SACRAMENTO APT 3  
LODI CA 95240**

**If premise licensed:**

Type of license

**Transferor's names/license:****TAPIA JOSE R 52139**

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 41 ON-SALE BEER AND W	PERSON TO PERSON TRANS	NA	YES	0	DEC 28, 1994	\$150.00 :
2. 41 ON-SALE BEER AND W	ANNUAL FEE	NA	YES	0	DEC 28, 1994	\$205.00 :
3. NA NO LICENSE TYPE	STATE FINGERPRINTS	NA	YES	0	DEC 28, 1994	\$39.00 :
TOTAL						\$394.00

Have you ever been  
convicted of a felony? **NO**

Have you ever violated any provisions of the Alcoholic Beverage Control  
Control Act, or regulations of the department pertaining to the Act? **NO**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

**STATE OF CALIFORNIA****County of SAN JOAQUIN****Date DEC 28, 1994**

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

**Applicant Name(s)****Applicant Signature(s)****GARCIA JUAN P****JUAN P GARCIA**

# LICENSE ACTION REQUEST

STATE OF CALIFORNIA  
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

1. NAME Jose R. Tapia	2. ABC LICENSE NUMBER 41-52139
3. DBA El Nuevo Guadalajara	4. DISTRICT OFFICE Stockton
5. PREMISES ADDRESS 121 N. Sacramento St., Lodi, CA 95240	6. LICENSE ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No

## APPLICATION TO TRANSFER LICENSE

7. Transfer to: Juan Garcia

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Name(s) of Licensee(s)	Signature(s) of Licensee(s)	Name(s) of Licensee(s)	Signature(s) of Licensee(s)
a. Jose R. Tapia	<i>[Signature]</i>	d.	
b.		e.	
c.		f.	

**CANCELLATION** ☐ Immediately ☐ Upon Issuance ☐ Other: \_\_\_\_\_

I voluntarily cancel my license because I am no longer in business. I understand my license cannot be reactivated or reinstated.

8. DATE CLOSED	9. SIGNATURE X	10. DATE	11. HOME TELEPHONE NUMBER ( )
----------------	-------------------	----------	----------------------------------

**SURRENDER - Rule 65** ☐ Immediately ☐ Upon Issuance ☐ Other: \_\_\_\_\_

I voluntarily surrender my license for a period of not more than one year. I intend to ☐ Transfer ☐ Reactivate the license. I understand that the license must be renewed at the time renewal fees are due or the license will be automatically revoked. I further understand that the Department will proceed to automatically cancel my license at the expiration of the one-year period if not transferred or reactivated.

13. DATE CLOSED	14. SIGNATURE X	15. DATE	16. HOME TELEPHONE NUMBER ( )
12. MAILING ADDRESS			

## REQUEST FOR SURRENDER OF RETAIL LICENSE FOR TEMPORARY PERMIT UNDER SECTION 24045.5(b) OF THE ALCOHOLIC BEVERAGE CONTROL ACT

17. SURRENDER DATE	18. TEMPORARY PERMIT NUMBER	19. EFFECTIVE DATE	20. EXPIRATION DATE
21. TRANSFEREE			

### Important Notice to Licensee

All licenses surrendered will be automatically revoked if the renewal fees are not paid. Any change of mailing address shall be reported to the District Office. The surrendered license will be automatically cancelled upon transfer to the temporary permittee. If the transfer application is denied or withdrawn:  
(a) if the transferor intends to resume operation of the licensed business he must request the return of the surrendered license and establish that there has been no change in the ownership or the qualifications of the licensed premises.  
(b) if the transferor does not intend to resume operation of the licensed business and does not request return of the surrendered license then the Department will proceed to hold the license under the provisions of Rule 65. The effective date of Rule 65 surrender will be the date of application, denial, or withdrawal.

### APPLICATION FOR:

- ☐ Temporary Retail Permit ☐ Duplicate License: 740 temp ☐ Manager  
☐ Caterer's Permit ☐ 09 Importer's License **NAME:** \_\_\_\_\_  
☐ Controlled Access Cabinet ☐ 12 Importer's License ☐ Food Lessee  
☐ Portable Bar License ☐ Private Warehouse **NAME:** \_\_\_\_\_

22. I/We have read the foregoing and know the contents thereof. SIGNATURE X	23. TELEPHONE NUMBER ( )	24. DATE
25. MAILING ADDRESS		

**FOR DEPARTMENT USE ONLY** ☐ Premises Abandoned ☐ Letter Attached Requesting Surrender or Cancellation ☐ Other: \_\_\_\_\_



RECEIVED

94 DEC 30 PM 4:30

## APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

## TO:

Department of Alcoholic Beverage Control  
31 East Channel Street, Room 168  
P.O. Drawer 150  
Stockton, CA 95201  
(209) 948-7739

File Number.....304382

Receipt Number.....1015601

Geographical Code.....3902

Copies Mailed Date 12-29-94

Issued Date

## DISTRICT SERVING LOCATION:

STOCKTON

## Name of Business:

## Location of Business:

Number and Street  
City, State Zip Code  
County

116 N SACRAMENTO ST  
LODI CA 95240  
SAN JOAQUIN

## Is premise inside city limits?

## Mailing Address:

(If different from  
premise address)

121 N SACRAMENTO APT 3  
LODI CA 95240

## If premise licensed:

Type of license

## Transferor's names/license:

TAPIA JOSE R 184688

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 42 ON-SALE BEER AND W PERSON TO PERSON TRANS	NA	YES	0	DEC 28,1994	\$150.00 :	
2. 42 ON-SALE BEER AND W ANNUAL FEE	NA	YES	0	DEC 28,1994	\$205.00 :	
TOTAL					\$355.00	

Have you ever been  
convicted of a felony? NO

Have you ever violated any provisions of the Alcoholic Beverage Control  
Control Act, or regulations of the department pertaining to the Act? NO

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

## STATE OF CALIFORNIA

County of SAN JOAQUIN

Date DEC 28, 1994

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filled with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)

Applicant Signature(s)

GARCIA JUAN P

JUAN P GARCIA

# LICENSE ACTION REQUEST

STATE OF CALIFORNIA  
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

1. NAME Jose R. Tapia	2. ABC LICENSE NUMBER 42-184688
3. DBA Rainbow Club	4. DISTRICT OFFICE Stockton
5. PREMISES ADDRESS 116 N. Sacramento St., Lodi, CA 95240	6. LICENSE ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No

## APPLICATION TO TRANSFER LICENSE

7. Transfer to: Juan Garcia

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Name(s) of Licensee(s)	Signature(s) of Licensee(s)	Name(s) of Licensee(s)	Signature(s) of Licensee(s)
a. Jose Tapia			
b.			
c.			

**CANCELLATION** ☐ Immediately ☐ Upon Issuance ☐ Other: \_\_\_\_\_

I voluntarily cancel my license because I am no longer in business. I understand my license cannot be reactivated or reinstated.

8. DATE CLOSED	9. SIGNATURE X	10. DATE	11. HOME TELEPHONE NUMBER ( )
----------------	-------------------	----------	----------------------------------

**SURRENDER - Rule 65** ☐ Immediately ☐ Upon Issuance ☐ Other: \_\_\_\_\_

I voluntarily surrender my license for a period of not more than one year. I intend to ☐ Transfer ☐ Reactivate the license. I understand that the license must be renewed at the time renewal fees are due or the license will be automatically revoked. I further understand that the Department will proceed to automatically cancel my license at the expiration of the one-year period if not transferred or reactivated.

13. DATE CLOSED	14. SIGNATURE X	15. DATE	16. HOME TELEPHONE NUMBER ( )
12. MAILING ADDRESS			

## REQUEST FOR SURRENDER OF RETAIL LICENSE FOR TEMPORARY PERMIT UNDER SECTION 24045.5(b) OF THE ALCOHOLIC BEVERAGE CONTROL ACT

17. SURRENDER DATE	18. TEMPORARY PERMIT NUMBER	19. EFFECTIVE DATE	20. EXPIRATION DATE
21. TRANSFEREE			

### Important Notice to Licensee

All licenses surrendered will be automatically revoked if the renewal fees are not paid. Any change of mailing address shall be reported to the District Office. The surrendered license will be automatically cancelled upon transfer to the temporary permittee. If the transfer application is denied or withdrawn:

- (a) If the transferor intends to resume operation of the licensed business he must request the return of the surrendered license and establish that there has been no change in the ownership or the qualifications of the licensed premises.  
(b) If the transferor does not intend to resume operation of the licensed business and does not request return of the surrendered license then the Department will proceed to hold the license under the provisions of Rule 65. The effective date of Rule 65 surrender will be the date of application, denial, or withdrawal.

### APPLICATION FOR:

- ☐ Temporary Retail Permit ☐ Duplicate License: no temp ☐ Manager  
☐ Caterer's Permit ☐ 09 Importer's License  
☐ Controlled Access Cabinet ☐ 12 Importer's License ☐ Food Lessee  
☐ Portable Bar License ☐ Private Warehouse

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

22. I/We have read the foregoing and know the contents thereof. SIGNATURE X	23. TELEPHONE NUMBER ( )	24. DATE
25. MAILING ADDRESS		

**FOR DEPARTMENT USE ONLY** ☐ Premises Abandoned ☐ Letter Attached Requesting Surrender or Cancellation ☐ Other: \_\_\_\_\_



RECEIVED

94 DEC 29 AM 8:13

## APPLICATION FOR ALCOHOL BEVERAGE LICENSE(S)

## TO:

Department of Alcoholic Beverage Control  
31 East Channel Street, Room 168  
P.O. Drawer 150  
Stockton, CA 95201  
(209) 948-7739

File Number.....**304339**  
Receipt Number.....**1015455**  
Geographical Code.....**3902**  
Copies Mailed Date **12-27-94**  
Issued Date

DISTRICT SERVING LOCATION:

STOCKTON

Name of Business:

Location of Business:

Number and Street  
City, State Zip Code  
County

**2400 W TURNER RD 102**  
**LODI CA 95242**  
**SAN JOAQUIN**

Is premise inside city limits?

Mailing Address:

(If different from  
premise address)

**2631 N BEECHER RD**  
**STOCKTON CA 95215**

If premise licensed:

Type of license

Transferor's names/license:

**CUSUMANO GUISEPPE 229983**

License Type	Transaction Type	Fee Type	Master	Dup	Date	Fee
1. 41 ON-SALE BEER AND W PERSON TO PERSON TRANS	NA	YES	0	DEC 27, 1994	\$150.00 :	
2. 41 ON-SALE BEER AND W ANNUAL FEE	NA	YES	0	DEC 27, 1994	\$205.00 :	
3. 30 TEMPORARY RETAIL P TEMPORARY PERMIT	NA	YES	0	DEC 27, 1994	\$100.00 :	
4. NA NO LICENSE TYPE STATE FINGERPRINTS	NA	YES	0	DEC 27, 1994	\$39.00 :	
					TOTAL	\$494.00

Have you ever been  
convicted of a felony? **NO**

Have you ever violated any provisions of the Alcoholic Beverage Control  
Control Act, or regulations of the department pertaining to the Act? **NO**

Explain any "Yes" answer to the above questions on an attachment which shall be deemed part of this application.

Applicant agrees (a) that any manager employed in on-sale licensed premise will have all the qualifications of a licensee, and (b) that he will not violate or cause or permit to be violated any of the provisions of the Alcoholic Beverage Control Act.

STATE OF CALIFORNIA

County of **SAN JOAQUIN**Date **DEC 27, 1994**

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is an applicant, or one of the applicants, or an executive officer of the applicant corporation, named in the foregoing application, duly authorized to make this application on its behalf; (2) that he has read the foregoing and knows the contents thereof and that each of the above statements therein made are true; (3) that no person other than the applicant or applicants has any direct or indirect interest in the applicant or applicant's business to be conducted under the license(s) for which this application is made; (4) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety (90) days preceding the day on which the transfer application is filled with the Department or to gain or establish a preference to or for any creditor or transferor or to defraud or injure any creditor of transferor; (5) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Applicant Name(s)

Applicant Signature(s)

**LAGORIO TAMMY S**

# LICENSE ACTION REQUEST

STATE OF CALIFORNIA  
DEPARTMENT OF ALCOHOLIC BEVERAGE CONTROL

1. NAME Giuseppe Cusumano	2. ABC LICENSE NUMBER 41-229983
3. DBA Jo Jo	4. DISTRICT OFFICE Stockton
5. PREMISES ADDRESS 2400 W. Turner Rd 102, Lodi, CA 95240	6. LICENSE ATTACHED <input type="checkbox"/> Yes <input type="checkbox"/> No

## APPLICATION TO TRANSFER LICENSE

7. Transfer to: Tammy S. Lagorio

Under penalty of perjury, each person whose signature appears below, certifies and says: (1) He is the licensee, or an executive officer of the corporate licensee, named in the foregoing transfer application, duly authorized to make this transfer application on its behalf; (2) that he hereby makes application to surrender all interest in the attached license(s) described below and to transfer same to the applicant and/or location indicated on the upper portion of this application form, if such transfer is approved by the Director; (3) that the transfer application or proposed transfer is not made to satisfy the payment of a loan or to fulfill an agreement entered into more than ninety days preceding the day on which the transfer application is filed with the Department or to gain or establish a preference to or for any creditor of transferor or to defraud or injure any creditor of transferor; (4) that the transfer application may be withdrawn by either the applicant or the licensee with no resulting liability to the Department.

Name(s) of Licensee(s)	Signature(s) of Licensee(s)	Name(s) of Licensee(s)	Signature(s) of Licensee(s)
a. Giuseppe Cusumano	<i>Giuseppe Cusumano</i>		
b.		b.	
c.		c.	

## CANCELLATION ☐ Immediately ☐ Upon Issuance ☐ Other: \_\_\_\_\_

I voluntarily cancel my license because I am no longer in business. I understand my license cannot be reactivated or reinstated.

8. DATE CLOSED	9. SIGNATURE <b>X</b>	10. DATE	11. HOME TELEPHONE NUMBER ( )
----------------	--------------------------	----------	----------------------------------

## SURRENDER - Rule 65 ☐ Immediately ☐ Upon Issuance ☐ Other: \_\_\_\_\_

I voluntarily surrender my license for a period of not more than one year. I intend to ☐ Transfer ☒ Reactivate the license. I understand that the license must be renewed at the time renewal fees are due or the license will be automatically revoked. I further understand that the Department will proceed to automatically cancel my license at the expiration of the one-year period if not transferred or reactivated.

13. DATE CLOSED	14. SIGNATURE <b>X</b>	15. DATE	16. HOME TELEPHONE NUMBER ( )
12. MAILING ADDRESS			

## REQUEST FOR SURRENDER OF RETAIL LICENSE FOR TEMPORARY PERMIT

UNDER SECTION 24045.5(b) OF THE ALCOHOLIC BEVERAGE CONTROL ACT

17. SURRENDER DATE <u>1-3-95</u>	18. TEMPORARY PERMIT NUMBER <u>304339</u>	19. EFFECTIVE DATE <u>1-3-95</u>	20. EXPIRATION DATE <u>5-3-95</u>
21. TRANSFEREE Tammy S. Lagorio			

## Important Notice to Licensee

All licenses surrendered will be automatically revoked if the renewal fees are not paid. Any change of mailing address shall be reported to the District Office. The surrendered license will be automatically cancelled upon transfer to the temporary permittee. If the transfer application is denied or withdrawn:  
(a) If the transferor intends to resume operation of the licensed business he must request the return of the surrendered license and establish that there has been no change in the ownership or the qualifications of the licensed premises.  
(b) If the transferor does not intend to resume operation of the licensed business and does not request return of the surrendered license then the Department will proceed to hold the license under the provisions of Rule 65. The effective date of Rule 65 surrender will be the date of application, denial, or withdrawal.

## APPLICATION FOR:

- |   |   |                                      |
|---|---|--------------------------------------|
| <input checked="" type="checkbox"/> Temporary Retail Permit | <input type="checkbox"/> Duplicate License: _____ | <input type="checkbox"/> Manager     |
| <input type="checkbox"/> Caterer's Permit                   | <input type="checkbox"/> 09 Importer's License    | NAME: _____                          |
| <input type="checkbox"/> Controlled Access Cabinet          | <input type="checkbox"/> 12 Importer's License    | <input type="checkbox"/> Food Lessee |
| <input type="checkbox"/> Portable Bar License               | <input type="checkbox"/> Private Warehouse        | NAME: _____                          |

22. I/We have read the foregoing and know the contents thereof. SIGNATURE <b>X</b> <i>Giuseppe Cusumano</i>	23. TELEPHONE NUMBER ( )	24. DATE
25. MAILING ADDRESS		

FOR DEPARTMENT USE ONLY ☐ Premises Abandoned ☐ Letter Attached Requesting Surrender or Cancellation ☐ Other: \_\_\_\_\_